



## Santa Barbara County HUD-VASH Program Referral Form

Date:	Referred By (Case Manager):
Referral Agency/Program Name:	Case Manager Phone and Email:

Client Information	
Name:	
Date of Birth:	Social Security Number:
Phone:	Email:
HMIS Client ID #, if available:	

This person served in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable.  Yes  No

If Yes, is the Veteran VA Healthcare eligible?  Yes  No

Did Veteran serve during:  OIF  OEF  OND  Other: \_\_\_\_\_

Is the Veteran required to register as a lifetime sex offender in any state?  Yes  No

### Housing Status

#### Where does the applicant currently sleep?

- Emergency shelter
- Transitional shelter  
If so, how long \_\_\_\_\_
- Place not meant for human habitation
- Hospital, emergency room, or jail  
If so, how long? \_\_\_\_\_  
If so, name facility: \_\_\_\_\_
- Other: \_\_\_\_\_

#### Meets Criteria for Chronically Homeless:

- One or more of the following disabling conditions:
  - A substance abuse disorder (Specify: \_\_\_\_\_)
  - A serious mental illness (Specify: \_\_\_\_\_)
  - A developmental disability (Specify: \_\_\_\_\_)
  - A chronic physical illness or disability, including the co-occurrence of two or more of these conditions (Specify: \_\_\_\_\_)

#### AND

- Homeless continuously or cumulatively for a year or more; or
- Have had four (4) episodes of homelessness in the last three (3) year

Are special accommodations needed to determine eligibility?  No  Yes: *If Yes, Explain:* \_\_\_\_\_  
(i.e. meet with Veteran at shelter, hospital, Veteran needs transportation, etc.) \_\_\_\_\_

Is the client currently connected to or open to case management participation?  Yes  No

#### Household Composition (Attach additional sheets if necessary)

Name	Relationship to Client	Gender	Date of Birth

**Financial Information**

Currently receiving benefits and/or services?  Yes  No  
 Currently employed?  Yes  No

To certify the applying household meets the income requirements, please enter all household income in the chart below:

Household Member	Source of Verification	Source of Income	Pay Interval	Total Annual Income
			Total Income	

To determine if the household meets the AMI requirement, locate the total number of household members in the top row and follow the column down to see if the total household income falls below the Area Median Income (50% Income Limit). Please indicate if the household falls below 30%, 50%, or 80% AMI by circling the corresponding income limit box.

Total Household Members	1	2	3	4	5	6	7	8
80% Income Limit	\$56,250	\$64,250	\$72,300	\$80,300	\$86,750	\$93,150	\$99,600	\$106,000
<b>50% Income Limit</b>	<b>\$35,150</b>	<b>\$40,150</b>	<b>\$45,150</b>	<b>\$50,150</b>	<b>\$54,200</b>	<b>\$58,200</b>	<b>\$62,200</b>	<b>\$66,200</b>
30% Income Limit	\$21,100	\$24,100	\$27,100	\$30,100	\$32,550	\$34,950	\$38,060	\$42,380

How much money does the Veteran currently have saved or can he/she expect to save towards move-in costs? \$ \_\_\_\_\_

**Public Housing Authority (PHA) of choice (requests will be met based on availability):**

HACLA  HACoLA  Kern HA  Santa Barbara HA  Ventura HA  SLO HA  Oxnard HA

**In what City does the Veteran desire to live?**

Name of City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Note: Please attach copies of required documentation for all income sources, directly after this certification.

**Other relevant information:**

**Attachments, if available:**

- Photo ID and Social Security Card
- DD214 Printout
- Proof of homelessness (agency letter)
- Proof of stated income
- Bank Statements

Would you like to be involved in the coordination of Veteran’s care after VASH referral is received?  Yes  No

**Point of Contact:** Kimiko Cohn, LCSW - Cell Phone: (310) 809-9197

**Email all referrals and attachments:** [kimiko.cohn@va.gov](mailto:kimiko.cohn@va.gov)

**or Fax to Attn HUD-VASH:** 805-683-3631